major the Papermort, Reduction Act of 1906, no persons are required to respond to a collection of information enters a displays a valid CMB control number. Substitute for Form PTO-875 Effective December 8, 2004 Application or Doctor Hump APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (S) [37 CFR'1 16(4). [6]. @ [C]] FEE () NA RATE (1) N/A SEARCH FEE FEE (I) NIA 150.00 (37 CFR 1 16(4), (1), or (m)) N/A 300,00 N/A **EXAMINATION FEE** NA \$250 (37 CFR 1 16(0). (p). or (q)) NIA NA \$500 N/A TOTAL CLAIMS NA \$100 (37 OFR 1 16(1) NA \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 (3) OFR 1 16(N)) X\$50 minus 3 = X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 OFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) +180= +360-\* If the difference in column 1 is less than zero, enter "O" in column 2. JATOT APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) SMALL ENTITY OTHER THAN CLAIMS OR HIGHEST Þ SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADOI-**EXTRA** RATE (\$) AMENDMENT PAID FOR TIONAL ADOI-Total Minus FEE (S) TIONAL X\$ 25 FEE (\$) Independent Of CFR 1.16NH Minus X\$50 X100 Application Size Fee (37 CFR 1.16(s)) X200 OR. FIRST PRESSIDENCE OF POLITICAL DELEGIES COMM (3) OFR 1,16(1) +180= +360= OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST œ REMAINING NUMBER PRESENT ENT **AFTER** RATE (\$) PREVIOUSLY ADOI-AMENDMENT EXTRA RATE (\$) PAID FOR ADOL Total profe Liggi TIONAL Minus TIONAL FEE (5) FEE (S) Independent Of CFR 1.10(1)). X\$ 25 Minus X\$50 OR X100. Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.160) +180= +360= OR TOTAL .TOTAL ADD'L FEE OR ADD'L FEE

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box introduction in the highest number found in the appropriate box in the highest number found in the appropriate box in the highest number found in the appropriate box in the highest number found in the appropriate box in the highest number found in the appropriate box in the highest number found in the appropriate box in the highest number found in the appropriate box in the highest number found in the appropriate box in the highest number for the appropriate box in the a

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Pald For IN THIS SPACE is less than 20, enter "20".

the Highest number Previously Paid For [Total or independent) is the highest number tound in the epocophise touristic countries.

It collection of information is required by 37 CFR d-16. The Information is required to obtain or retain a benefit by the public which is to file (and b lading pathering, preparing, and submitting the completed appacation form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient I Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.